

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)	SERIAL NO. <div style="font-size: 1.5em; font-family: cursive;">10/585067</div>	FILING DATE
APPLICANT(S)		

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT							AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.						IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL DEP.	6	←	5	←		←						TOTAL DEP.		←		←		←
TOTAL CLAIMS	4		7									TOTAL CLAIMS						

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